

# **EXHIBIT 11**

**AFFIDAVIT OF KATHERINE EVANS**

1. My name is Katherine Evans. I am the Associate General Counsel, Regulatory & Government Affairs, Legal for CSAA Insurance Exchange. I am over the age of 18 and the statements made in this Declaration are based upon my personal knowledge, under penalty of perjury, and are true and correct.

2. CSAA Insurance Exchange is not licensed to transact insurance business in Oklahoma, which includes issuing policies to Oklahoma citizens.

3. CSAA Insurance Exchange does not issue policies in Oklahoma and does not have subscribers or members that are citizens of the State of Oklahoma.

4. Plaintiff is an insured and customer of CSAA Fire & Casualty Insurance Company (FCIC), which is an Indiana corporation with its principal place of business in California.

5. FCIC is an Indiana-domiciled insurance company that is a wholly-owned subsidiary of CSAA Insurance Exchange.

6. By purchasing an insurance policy from FCIC, Plaintiff has entered into a contract with FCIC, which is the underwriting company on Plaintiff's insurance policy.

7. Individuals with policies of insurance with FCIC do not become subscribers or members of CSAA Insurance Exchange by virtue of purchasing a policy of homeowner's insurance from FCIC.

8. Individuals with policies of insurance with FCIC, do not become insureds of any broader inter-insurance exchange by virtue of purchasing a policy of homeowner's insurance from FCIC.

9. A person is not required to be a subscriber of CSAA Insurance Exchange to purchase a homeowner's insurance policy from FCIC.

10. CSAA Insurance Group is not a legal entity nor does it hold itself out to be one. It does not underwrite or administer policies or otherwise act as a legal entity. "CSAA Insurance Group" is simply a term used to reference a group of insurance companies that includes CSAA Insurance Exchange, FCIC, and CSAA General Insurance Company. CSAA Insurance Group does not include AAA Club Alliance or AAA Oklahoma.

11. CSAA Insurance Services, Inc. is a California corporation that is a wholly owned subsidiary of CSAA Insurance Exchange. It is not a regulated insurance company and does not underwrite insurance policies. Service agents and claims adjusters are employees of Services.

12. CSAA Insurance Services has its headquarters at 3055 Oak Road, Walnut Creek California. All corporate officers who direct, control, and coordinate corporation activities are in California. The following CSAA Insurance Services activities, among others, occur at the Walnut Creek headquarters:

- Board meetings
- Creation of agenda for board meetings
- Corporate policies are developed and drafted
- Budgets are created and internal accounting carried out
- Mail is sent and received
- Calls are received

13. No decisions regarding the direction, control and corporate activities of CSAA Insurance Services are made in Oklahoma.

14. This Declaration is made of my own free will and is based upon my personal knowledge and my best recollection.

I declare under penalty of perjury that the foregoing is true and correct.

  
KATHERINE EVANS

**CALIFORNIA JURAT WITH AFFIANT STATEMENT****GOVERNMENT CODE § 8202**

- ☒ See Attached Document (Notary to cross out lines 1-6 below)  
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1  
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Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me

on this 25<sup>th</sup> day of October, 2019,  
 by Date Month Year

(1) Katherine Evans

(and (2) \_\_\_\_\_),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature

Signature of Notary Public



Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_